

**Caution: DRAFT FORM**

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at [www.ftb.ca.gov/forms/drafts/index.html](http://www.ftb.ca.gov/forms/drafts/index.html).

TAXABLE YEAR

**Substitute for Form W-2, Wage and Tax Statement, or  
Form 1099-R, Distributions From Pensions, Annuities,  
Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

CALIFORNIA FORM

**3525**

For Privacy Notice, get form FTB 1131.

Attach this form to Form 540, 540A, 540 2EZ, the Long or Short Form 540NR, or Form 540X.

<b>1</b> Your first name, middle initial, and last name	<b>2</b> Your SSN or ITIN
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**3** Address (number, street, including Apt, suite, PO box, or PMB no., city, state, and ZIP Code)

**4 ENTER THE YEAR IN THE SPACE PROVIDED AT THE END OF THIS STATEMENT:** I notified the Internal Revenue Service that I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., from my employer or payer named below.

The amounts shown below are my best estimates of all wages, tips, other compensation (including noncash payments), retirement payments received, state income tax withheld, and disability insurance withheld by the employer or payer during the \_\_\_\_\_ taxable year.

**5** Employer's or payer's name, address, city, state, and ZIP Code

<b>6</b> Federal employer identification number (if known)	<b>7</b> State income tax withheld (include the name of the state)	<b>8</b> Wages, tips, or other compensation before deductions for taxes, insurance, etc.	<b>9</b> State Disability Insurance withheld
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12</b> Gross distributions – Qualified plan distributions (IRA, pension, profit-sharing, etc.)	
<b>13</b> Taxable amount – Qualified plan distributions (IRA, pension, profit-sharing, etc.)	<b>14</b> Capital gain (Included in Box 13)	<b>15</b> Other	

**COMPLETE REVERSE SIDE**FTB 3525 2008 **Side 1**

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**COMPLETE REVERSE SIDE**FTB 3525 2008 **Side 1**

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**16** How did you determine or estimate the amounts in items 7–15?

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**17** Give the reason why Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts, was not furnished by your employer or payer, if known. Explain your efforts to obtain the form.

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Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

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**18** Your signature

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**19** Date

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**Side 2** FTB 3525 2008

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**Side 2** FTB 3525 2008